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UNITED STATES BANKRUPTCY COURT

SOUTHERN DISTRICT OF TEXAS HOUSTON DIVISION

In re: Spinal Transition and Professional Services LLC	§ Case No. <u>23-90730</u> § Lead Case No. <u>23-90731</u>
Debtor(s)	§
Post-confirmation Report	Chapter 11
Quarter Ending Date: 12/31/2023	Petition Date: <u>06/19/2023</u>
Plan Confirmed Date: 09/27/2023	Plan Effective Date: 10/02/2023
This Post-confirmation Report relates to: Reorganized Debt	or Party or Entity: Plan Administrator
(Other Authorized	Name of Authorized Party or Entity
/s/ Colin R. Robinson Signature of Responsible Party	Colin R. Robinson Printed Name of Responsible Party
01/21/2024 Date	Pachulski Stang Ziehl & Jones LLP 919 North Market St., 17th Floor Wilmington, DE 19801 Address

STATEMENT: This Periodic Report is associated with an open bankruptcy case; therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.

Debtor's Name Spinal Transition and Professional Services LLC

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Part 1: Summary of Post-confirmation Transfers

	Current Quarter	Total Since Effective Date
a. Total cash disbursements	\$0	\$0
b. Non-cash securities transferred	\$0	\$0
c. Other non-cash property transferred	\$0	\$0
d. Total transferred (a+b+c)	\$0	\$0

			Approved Current Quarter	Approved Cumulative	Paid Current Quarter	Paid Cumulativ
Profes incurre	sional fees & expenses (bankred by or on behalf of the debto	uptcy) or Aggregate Total	\$0	\$0	\$0	
Itemize	ed Breakdown by Firm					
	Firm Name	Role				
i			\$0	\$0	\$0	
ii						
iii						
iv						
v						
vi						
vii						
viii						
ix						
X						
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Debtor's Name Spinal Transition and Professional Services LLC

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					Approved Current Quarter	Approved Cumulative	Paid Current Quarter	Paid Cumulative
b.	Profess	cional fees & expenses (nonband by or on behalf of the debtor	kruptcy) Aggregate	Total	\$0			\$0
	Itemize	d Breakdown by Firm						
		Firm Name	Role					
	i				\$0	\$0	\$0	\$0
	ii							
	iii							
	iv							
	v							
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	ci					
c.	All professional fees and expenses (debt	tor & committees)	\$0	\$0	\$0	\$0

Part 3: Recoveries of the Holders of Claims and Interests under Confirmed Plan

	Total Anticipated Payments Under Plan	Paid Current Quarter	Paid Cumulative	Allowed Claims	% Paid of Allowed Claims
a. Administrative claims	\$0	\$0	\$0	\$0	0%
b. Secured claims	\$0	\$0	\$0	\$0	0%
c. Priority claims	\$0	\$0	\$0	\$0	0%
d. General unsecured claims	\$0	\$0	\$0	\$0	0%
e. Equity interests	\$0	\$0	\$0		

Part 4: Questionnaire			
a. Is this a final report?		Yes O No (
If yes, give date Final Decree was entered:			
If no, give date when the application for Final Decree is anticipated:	12/31/2024		
b. Are you current with quarterly U.S. Trustee fees as set forth under 28 U.S.C. §	Yes No (

Debtor's Name Spinal Transition and Professional Services LLC

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Privacy Act Statement

28 U.S.C. § 589b authorizes the collection of this information and provision of this information is mandatory. The United States Trustee will use this information to calculate statutory fee assessments under 28 U.S.C. § 1930(a)(6) and to otherwise evaluate whether a reorganized chapter 11 debtor is performing as anticipated under a confirmed plan. Disclosure of this information may be to a bankruptcy trustee when the information is needed to perform the trustee's duties, or to the appropriate federal, state, local, regulatory, tribal, or foreign law enforcement agency when the information indicates a violation or potential violation of law. Other disclosures may be made for routine purposes. For a discussion of the types of routine disclosures that may be made, you may consult the Executive Office for United States Trustee's systems of records notice, UST-001, "Bankruptcy Case Files and Associated Records." *See* 71 Fed. Reg. 59,818 et seq. (Oct. 11, 2006). A copy of the notice may be obtained at the following link: http://www.justice.gov/ust/eo/rules_regulations/index.htm. Failure to provide this information could result in the dismissal or conversion of your bankruptcy case, or other action by the United States Trustee. 11 U.S.C. § 1112(b)(4)(F).

I declare under penalty of perjury that the foregoing Post-confirmation Report and its attachments, if any, are true and correct and that I have been authorized to sign this report.

/s/ Steven Balasiano	Steven Balasiano
Signature of Responsible Party	Printed Name of Responsible Party
Plan Administrator	01/21/2024
Title	Date.

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Debtor's Name Spinal Transition and Professional Services LLC

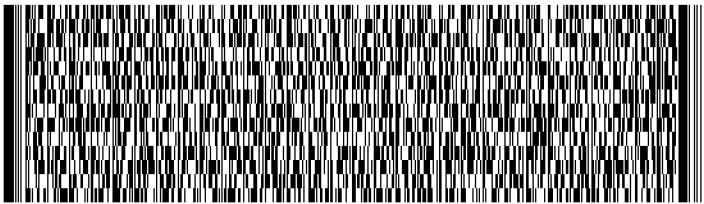
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Bankruptcy Table 1-50

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Bankruptcy Table 51-100

Non-Bankruptcy Table 1-50

Non-Bankruptcy Table 51-100

Part 3. Part 4. Last Page